

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS4576HOS	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/18/2010
NAME OF PROVIDER OR SUPPLIER SAINT ROSE DOMINICAN HOSPITAL - SAN MARTIN C		STREET ADDRESS, CITY, STATE, ZIP CODE 8280 W WARM SPRINGS ROAD LAS VEGAS, NV 89113		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of complaint investigation conducted in your facility on 05/18/10 and finalized on 05/18/10, in accordance with Nevada Administrative Code, Chapter 449, Hospitals.</p> <p>Complaint #NV00025254 was substantiated with deficiencies cited. (See Tags S0156, S0298)</p> <p>A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.</p> <p>Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>The following deficiencies were identified.</p>	S 000		
S 156 SS=E	<p>NAC 449.332 Discharge Planning</p> <p>14. If identified in a discharge plan, referral of a patient to outpatient services or transfer of the patient to another facility must be accomplished in a manner that meets the the identified needs of the patient, including the sharing of necessary medical information about the patient with the receiving service or facility.</p>	S 156		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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S 156	Continued From page 1 This Regulation is not met as evidenced by: Based on interview, record review and the hospitals facility to facility transfer policy and procedure, the facility failed to share the necessary medical information about the patient with the receiving facility prior to transfer. (Patient #1) 1. The facility's transfer summary documented the patients diagnosis at the time of transfer was abdominal pain, rule out pancreatitis. The patients documented discharge diagnosis at the time of transfer was active abdominal tuberculosis. 2. The patients discharge nurse failed to follow the hospitals facility to facility transfer policy and procedure by failing to call the receiving facility with a report on the patient prior to the patients transfer. Severity: 2 Scope: 2 Complaint # 25254	S 156		
S 298 SS=E	NAC 449.361 Nursing Service 9. A hospital shall ensure that its patients receive proper treatment and care provided by its nursing services in accordance with nationally recognized standards of practice and physicians' orders. This Regulation is not met as evidenced by: Based on interview, record review and document review the facility failed to follow physicians orders to obtain 3 sputum cultures for AFB (acid fast bacilli) to rule out pulmonary tuberculosis on a patient who had a diagnosis of active abdominal tuberculosis. (Patient #1)	S 298		

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S 298	<p>Continued From page 2</p> <p>1. A Physician Order dated 04/23/10 at 2:30 PM included the following: "Sputum for AFB x 3. (acid fast bacilli) Maintain AFB isolation.</p> <p>2. On 05/18/10 a review of the patients medical record revealed no documented evidence any sputum cultures for AFB were obtained by the facility staff prior to the patients transfer to a skilled nursing facility.</p> <p>Severity: 2 Scope: 2</p> <p>Complaint # 25254</p>	S 298			

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